

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator TEXACO INC.
Address P.O. Box EE, Cortez, CO. 81321
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Completion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒
Other (Please explain)
Previous transporter was Permian, now it is Gary Energy Corp.

change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE				
Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
New Mexico Com	1	Blanco-Mesa Verde	State, Federal or Fee State	E5316
Location				
Unit Letter <u>A</u> ; <u>890'</u> Feet From The <u>N</u> Line and <u>990'</u> Feet From The <u>E</u>				
Line of Section <u>36</u> Township <u>30N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
Gary Energy Corp.				115 Inverness Dr., Englewood, CO. 80112		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>				Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Co.				P. O. Box 1492, El Paso, Tx. 79978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	30N	10W	Yes	May 1958

this production is commingled with that from any other lease or pool, give commingling order number: _____									
COMPLETION DATA									
Designate Type of Completion – (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL				(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)	
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Coke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	OCT 20 1986		Gas - MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____ 19__	
		BY _____	
		TITLE _____	
SIGNED A. R. MARX		This form is to be filed in compliance with RULE 1104.	
(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
AREA SUPERINTENDENT		All sections of this form must be filled out completely for allowable on new and recompleted wells.	
(Title)		Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of conditions.	
10/10/86			
(Date)			